

CONFIRMATION OF NOTICE

Community
(C)

Mississippi State Department of Health
Bureau of Public Water Supply
P O Box 1700
Jackson, Mississippi 39215-1700

PWS Name: Boyle Skene Water
PWS ID #: 0060050 0060051
For Violation: Total Coliform
Occurring on: Feb 25 2014

The public water system indicated above hereby affirms that public notice has been provided to consumers in accordance with the delivery, content, and format requirements and deadlines given by method(s) indicated below:

Notice distributed by _____ on _____
(hand or direct delivery) (date)

Notice distributed by mail on March 12 2014
(mail, as a separate notice or included with the bill) (date)

(b) (6), (b) (7)(C)

[Redacted Signature]

(Signature)

operator

(Title)

March 12 2014

(Date)